

FILED JAN 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39772

0060

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5072 Registrar's No. 91

1. PLACE OF DEATH  
 a. COUNTY Barton  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Newport Twp. c. LENGTH OF STAY (in this place) 25 yrs.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Barton  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Newport Township  
 d. STREET ADDRESS (If rural, give location) Route 3 Lamar

3. NAME OF DECEASED a. (First) Melvin b. (Middle) Kenneth c. (Last) McKenzie  
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1950

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced  
 8. DATE OF BIRTH Jan 5, 1925 9. AGE (In years last birthday) 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement worker  
 10b. KIND OF BUSINESS OR INDUSTRY Factory  
 11. BIRTHPLACE (State or foreign country) Liberal, Missouri  
 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Alva McKenzie 13b. MOTHER'S MAIDEN NAME Florence Kellogg 14. NAME OF HUSBAND OR WIFE Lucille Watrous

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No  
 16. SOCIAL SECURITY NO. 487-30-8223 17. INFORMANT'S SIGNATURE OR NAME Mrs. Florece Taft Lamar, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Suicide - by shooting  
 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self with 22 Rifle (Coroners Jury)  
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
 INTERVAL BETWEEN ONSET AND DEATH 59 1/2 X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Barton Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Coroner Barton Co. Mo. 23b. ADDRESS 3 Lamar Mo 23c. DATE SIGNED 12-26-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 27, 1950 24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery 24d. LOCATION (City, town, or county) (State) Lamar, Missouri

DATE REC'D BY LOCAL REG. DEC 27 1950 REGISTRAR'S SIGNATURE Marie Korantz 14 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. H. Childs Lamar Mo

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 137-29

Date Filed 1-4-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed Charles W. Chiles

Signed.....  
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lenox Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.